

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09802956	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3						53			
4						54			
5						55			
6						56			
7						57			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1	↓				TOTAL IND.	↓		
TOTAL DEP.	1	↔	↔			TOTAL DEP.	↔	↔	
TOTAL CLAIMS	2					TOTAL CLAIMS			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									